



ANNUAL STATEMENT  
For the Year Ending December 31, 2008  
OF THE CONDITION AND AFFAIRS OF THE  
Paramount Care of Michigan

NAIC Group Code	1212 (Current Period)	1212 (Prior Period)	NAIC Company Code	95566	Employer's ID Number	38-3200310
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	12/16/1993		Commenced Business	06/07/1996		
Statutory Home Office	106 Park Place (Street and Number)		Dundee, MI 48131 (City or Town, State and Zip Code)			
Main Administrative Office			106 Park Place (Street and Number) Dundee, MI 48131 (City or Town, State and Zip Code)			
			(734)529-7800 (Area Code) (Telephone Number)			
Mail Address	106 Park Place (Street and Number or P.O. Box)		Dundee, MI 48131 (City or Town, State and Zip Code)			
Primary Location of Books and Records			1901 Indian Wood Circle (Street and Number) Maumee, OH 43537 (City or Town, State and Zip Code)			
			(419)887-2500 (Area Code) (Telephone Number)			
Internet Website Address	www.paramounthealthcare.com					
Statutory Statement Contact	Mary Kathereen Siefke, Mrs. (Name) mary.seifke@promedica.org (E-Mail Address)		(419)887-2909 (Area Code)(Telephone Number)(Extension) (419)887-2020 (Fax Number)			

OFFICERS

Name	Title
John Charles Randolph Mr.	Chairman
John Charles Randolph Mr.	President
Kathleen Sheline Hanley Mrs.	Treasurer
Jeffrey Craig Kuhn Mr.	Secretary
Robert James Kolodgy Mr.	Sr. VP, Operations & Finance #

OTHERS

Neeraj Kumar Kanwal M.D.  
Mark Henry Moser Mr.

Robert James Kolodgy Mr. #

DIRECTORS OR TRUSTEES

Thomas Mark Sexton Mr.  
John Charles Randolph Mr.  
Kent Edward Bishop Dr. #

Thomas Philip Cox M.D.  
Randall Dean Oostra Mr.

State of Michigan  
County of Monroe ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
John Charles Randolph	Jeffrey William Martin	Jeffrey Craig Kuhn
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	VP, Operations & Finance	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2009

a. Is this an original filing? Yes[X] No[ ]

b. If no, 1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....						
<b>Group Subscribers:</b>						
Holy Cross Child Service .....	41,624					41,624
0299997 Subtotal - Group Subscribers: .....	41,624					41,624
0299998 Premium due and unpaid not individually listed .....	69,618	11,088	3,027	18,436	25,138	77,031
0299999 Total group .....	111,242	11,088	3,027	18,436	25,138	118,655
0399999 Premiums due and unpaid from Medicare entities .....	1,009	155	310	283		1,757
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13) .	112,251	11,243	3,337	18,719	25,138	120,412

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Express Scripts .....	31,814	28,238	30,875	29,348	29,348	90,927
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	31,814	28,238	30,875	29,348	29,348	90,927
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....						
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....						
0799999 Gross health care receivables .....	31,814	28,238	30,875	29,348	29,348	90,927

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	659,557	240,152	18,198	3,915	15,491	937,313
0499999 Subtotals .....	659,557	240,152	18,198	3,915	15,491	937,313
0599999 Unreported claims and other claim reserves .....						2,753,547
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						3,690,860
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Paramount Health Care .....	445,571					445,571	
0199999 Total - Individually listed receivables .....	445,571					445,571	
0299999 Receivables not individually listed .....	1,371					1,371	
0399999 Total gross amounts receivable .....	446,942					446,942	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
ProMedica Health System .....		7,958	7,958	
0199999 Total - Individually listed payables .....	X X X .....	7,958	7,958	
0299999 Payables not individually listed .....	X X X .....	120	120	
0399999 Total gross payables .....	X X X .....	8,078	8,078	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>							
1.	Medical groups .....	32,918	0.103	6,804	100.000	15,392	17,526
2.	Intermediaries .....						
3.	All other providers .....						
4.	Total capitation payments .....	32,918	0.103	6,804	100.000	15,392	17,526
<b>Other Payments:</b>							
5.	Fee-for-service .....	32,056,723	99.897	X X X	X X X	13,447,203	18,609,520
6.	Contractual fee payments .....			X X X	X X X		
7.	Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9.	Non-contingent salaries .....			X X X	X X X		
10.	Aggregate cost arrangements .....			X X X	X X X		
11.	All other payments .....			X X X	X X X		
12.	Total other payments .....	32,056,723	99.897	X X X	X X X	13,447,203	18,609,520
13.	Total (Line 4 plus Line 12) .....	32,089,641	100.000	X X X	X X X	13,462,595	18,627,046

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	28,810	.....	28,751	59	59	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	Total .....	28,810	.....	28,751	59	59	.....





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR  
NAIC Group Code 1212 NAIC Company Code 95566

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year	8,088	7	7,073					1,008		
2. First Quarter	7,081	8	6,006					1,067		
3. Second Quarter	9,867	6	8,780					1,081		
4. Third Quarter	9,864	8	8,749					1,107		
5. Current Year	6,804	7	5,681					1,116		
6. Current Year Member Months	84,272	85	71,141					13,046		
Total Member Ambulatory Encounters for Year:										
7. Physician	2,296	2	1,731					563		
8. Non-Physician	7,095	6	5,434					1,655		
9. Total	9,391	8	7,165					2,218		
10. Hospital Patient Days Incurred	4,654	2	1,633					3,019		
11. Number of Inpatient Admissions	794	1	462					331		
12. Health Premiums Written (b)	34,648,541	27,219	22,781,361					11,839,961		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	34,648,541	27,219	22,781,361					11,839,961		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	32,089,641	26,272	22,156,005					9,907,364		
18. Amount Incurred for Provision of Health Care Services	29,794,466	23,628	19,775,689					9,995,149		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....10,863,395



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 1212 NAIC Company Code 95566

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year	8,088	7	7,073					1,008		
2. First Quarter	7,081	8	6,006					1,067		
3. Second Quarter	9,867	6	8,780					1,081		
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5. Current Year	6,804	7	5,681					1,116		
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13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	34,648,541	27,219	22,781,361					11,839,961		
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17. Amount Paid for Provision of Health Care Services	32,089,641	26,272	22,156,005					9,907,364		
18. Amount Incurred for Provision of Health Care Services	29,794,466	23,628	19,775,689					9,995,149		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....10,863,395

29 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0399999 Totals .....						.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
<b>Accident and Health, Non-Affiliates</b>						
93440 ...	06-1041332 ...	01/01/2008	HM LIFE INS CO .....	PA .....	7,425	.....
0599999 Total - Accident and Health, Non-Affiliates .....					7,425	.....
0699999 Totals - Accident and Health .....					7,425	.....
0799999 Totals - Life, Annuity and Accident and Health .....					7,425	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Non-Affiliates												
93440 ...	06-1041332 ...	01/01/2008	HM LIFE INS CO .....	PA .....	SSL/L/G .....	259,816	.....	.....	.....	.....	.....	.....
93440 ...	06-1041332 ...	01/01/2008	HM LIFE INS CO .....	PA .....	SSL/L/I .....		.....	.....	.....	.....	.....	.....
0299999 Subtotal - Authorized General Account - Non-Affiliates .....						259,816	.....	.....	.....	.....	.....	.....
0399999 Total - Authorized General Account .....						259,816	.....	.....	.....	.....	.....	.....
0799999 Total - Authorized and Unauthorized General Account .....						259,816	.....	.....	.....	.....	.....	.....
1599999 Totals .....						259,816	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 4  
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				NONE									
1199999 Totals (General Account and Separate Accounts combined) .....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 5  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums .....	198	224	229	220	207
2. Title XVIII-Medicare .....	61	69	65	109	101
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....	49	20	66	255	164
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....			62		
8. Reinsurance recoverable on paid losses .....	7			3	
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F) .....					
13. Letters of credit (L) .....					
14. Trust agreements (T) .....					
15. Other (O) .....					

SCHEDULE S - PART 6  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 10) .....	14,692,850		14,692,850
2. Accident and health premiums due and unpaid (Line 13) .....	120,412		120,412
3. Amounts recoverable from reinsurers (Line 14.1) .....	7,425		7,425
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	792,497		792,497
6. Total assets (Line 26) .....	15,613,184		15,613,184
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	3,690,860		3,690,860
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....	531,929		531,929
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17) .....			
11. Reinsurance in unauthorized companies (Line 18) .....			
12. All other liabilities (Balance) .....	1,271,161		1,271,161
13. Total liabilities (Line 22) .....	5,493,950		5,493,950
14. Total capital and surplus (Line 31) .....	10,119,234	X X X	10,119,234
15. Total liabilities, capital and surplus (Line 32) .....	15,613,184		15,613,184
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid .....			
17. Accrued medical incentive pool .....			
18. Premiums received in advance .....			
19. Reinsurance recoverable on paid losses .....			
20. Other ceded reinsurance recoverables .....			
21. Total ceded reinsurance recoverables .....			
22. Premiums receivable .....			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers ...			
24. Unauthorized reinsurance .....			
25. Other ceded reinsurance payables/offsets .....			
26. Total ceded reinsurance payables/offsets .....			
27. Total net credit for ceded reinsurance .....			



SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.	1  Life (Group and Individual)	2  Annuities (Group and Individual)	3  Disability Income (Group and Individual)	4  Long-Term Care (Group and Individual)	5  Deposit-Type Contracts	6  Totals
1. Alabama (AL) .....						
2. Alaska (AK) .....						
3. Arizona (AZ) .....						
4. Arkansas (AR) .....						
5. California (CA) .....						
6. Colorado (CO) .....						
7. Connecticut (CT) .....						
8. Delaware (DE) .....						
9. District of Columbia (DC) .....						
10. Florida (FL) .....						
11. Georgia (GA) .....						
12. Hawaii (HI) .....						
13. Idaho (ID) .....						
14. Illinois (IL) .....						
15. Indiana (IN) .....						
16. Iowa (IA) .....						
17. Kansas (KS) .....						
18. Kentucky (KY) .....						
19. Louisiana (LA) .....						
20. Maine (ME) .....						
21. Maryland (MD) .....						
22. Massachusetts (MA) .....						
23. Michigan (MI) .....						
24. Minnesota (MN) .....						
25. Mississippi (MS) .....						
26. Missouri (MO) .....						
27. Montana (MT) .....						
28. Nebraska (NE) .....						
29. Nevada (NV) .....						
30. New Hampshire (NH) .....						
31. New Jersey (NJ) .....						
32. New Mexico (NM) .....						
33. New York (NY) .....						
34. North Carolina (NC) .....						
35. North Dakota (ND) .....						
36. Ohio (OH) .....						
37. Oklahoma (OK) .....						
38. Oregon (OR) .....						
39. Pennsylvania (PA) .....						
40. Rhode Island (RI) .....						
41. South Carolina (SC) .....						
42. South Dakota (SD) .....						
43. Tennessee (TN) .....						
44. Texas (TX) .....						
45. Utah (UT) .....						
46. Vermont (VT) .....						
47. Virginia (VA) .....						
48. Washington (WA) .....						
49. West Virginia (WV) .....						
50. Wisconsin (WI) .....						
51. Wyoming (WY) .....						
52. American Samoa (AS) .....						
53. Guam (GU) .....						
54. Puerto Rico (PR) .....						
55. U.S. Virgin Islands (VI) .....						
56. Northern Mariana Islands (MP) .....						
57. Canada (CN) .....						
58. Aggregate other alien (OT) .....						
59. TOTALS .....						

NONE

SCHEDULE Y (Continued)  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95189	34-1549926	Paramount Health Care		(17,500,000)			(10,178,532)				(27,678,532)	
95566	38-3200310	Paramount Care Of MI Inc					1,926,556				1,926,556	
00000	34-1623220	Paramount Preferred Options, Inc.					10,422				10,422	
00000		ProMedica Health System					(5,939,359)				(5,939,359)	
12353	20-3376102	Paramount Advantage		11,500,000			10,911,730				22,411,730	
11518	01-0580404	PARAMOUNT INS CO		6,000,000			3,266,183				9,266,183	
	34-1570675	ProMedica Insurance Corp										
	34-1773766	Paramount Benefits Agency					3,000				3,000	
9999999 Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Yes

JUNE FILING

8. Will an audited financial report be filed by June 1?

Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

No
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

No

APRIL FILING

16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

No
17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

No
18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

No

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement



Health Property / Casualty Supplement



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



LTC Experience Reporting Form C



Health Life Supplement - LHA Guaranty Association Reconciliation



Health Property / Casualty Supplement



**OVERFLOW PAGE FOR WRITE-INS**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
For The Year Ended December 31, 2008  
(To be filed by March 1)  
FOR THE STATE OF MICHIGAN



NAIC Group Code: 1212  
Address (City, State and Zip Code): Dundee, MI 48131  
Person Completing This Exhibit:

Title: Telephone:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2005				Policies Issued in 2006, 2007, 2008			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0299999 Total Experience on Group Policies .....										.....	.....	.....	.....	.....	.....	.....	.....

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O":

Supp12 Michigan



95666200836500000

**Medicare Part D Coverage Supplement**  
**(Net of Reinsurance)**  
**(To be Filed By March 1)**

NAIC Group Code: 1212

NAIC Company Code: 95566

		Individual Coverage		Group Coverage		5 Total Cash
		1	2	3	4	
		Insured	Uninsured	Insured	Uninsured	
1.	Premiums Collected					
1.1	Standard Coverage					
1.11	With Reinsurance Coverage		X X X		X X X	
1.12	Without Reinsurance Coverage		X X X		X X X	
1.13	Risk-Corridor Payment Adjustments		X X X		X X X	
1.2	Supplemental Benefits		X X X		X X X	
2.	Premiums Due and Uncollected - change					
2.1	Standard Coverage					
2.11	With Reinsurance Coverage		X X X		X X X	X X X
2.12	Without Reinsurance Coverage		X X X		X X X	X X X
2.2	Supplemental Benefits		X X X		X X X	X X X
3.	Unearned Premium and Advance Premium - change					
3.1	Standard Coverage					
3.11	With Reinsurance Coverage		X X X		X X X	X X X
3.12	Without Reinsurance Coverage		X X X		X X X	X X X
3.2	Supplemental Benefits		X X X		X X X	X X X
4.	Risk-Corridor Payment Adjustments - change					
4.1	Receivable		X X X		X X X	X X X
4.2	Payable		X X X		X X X	X X X
5.	Earned Premiums					
5.1	Standard Coverage					
5.11	With Reinsurance Coverage		X X X		X X X	X X X
5.12	Without Reinsurance Coverage		X X X		X X X	X X X
5.13	Risk-Corridor Payment Adjustments		X X X		X X X	X X X
5.2	Supplemental Benefits		X X X		X X X	X X X
6.	Total Premiums		X X X		X X X	
7.	Claims Paid					
7.1	Standard Coverage	<b>N O N E</b>				
7.11	With Reinsurance Coverage				X X X	
7.12	Without Reinsurance Coverage				X X X	
7.2	Supplemental Benefits				X X X	
8.	Claim Reserves and Liabilities - change					
8.1	Standard Coverage					
8.11	With Reinsurance Coverage		X X X		X X X	X X X
8.12	Without Reinsurance Coverage		X X X		X X X	X X X
8.2	Supplemental Benefits		X X X		X X X	X X X
9.	Healthcare Receivables - change					
9.1	Standard Coverage					
9.11	With Reinsurance Coverage		X X X		X X X	X X X
9.12	Without Reinsurance Coverage		X X X		X X X	X X X
9.2	Supplemental Benefits		X X X		X X X	X X X
10.	Claims Incurred					
10.1	Standard Coverage					
10.11	With Reinsurance Coverage		X X X		X X X	X X X
10.12	Without Reinsurance Coverage		X X X		X X X	X X X
10.2	Supplemental Benefits		X X X		X X X	X X X
11.	Total Claims		X X X		X X X	
12.	Reinsurance Coverage and Low Income Cost Sharing					
12.1	Claims Paid - net to reimbursements applied	X X X		X X X		
12.2	Reimbursements Received but Not Applied - change	X X X		X X X		
12.3	Reimbursements Receivable - change	X X X		X X X		X X X
12.4	Healthcare Receivables - change	X X X		X X X		X X X
13.	Aggregate Policy Reserves - change					X X X
14.	Expenses Paid		X X X		X X X	
15.	Expenses Incurred		X X X		X X X	X X X
16.	Underwriting Gain/Loss		X X X		X X X	X X X
17.	Cash Flow Results	X X X	X X X	X X X	X X X	



LIFE SUPPLEMENTS

To Be Filed By March 1

For the Year 

NONE

 2008

Of The Paramount Care of Michigan Insurance Company

Address (City, State and Zip Code) Dundee, MI 48131

NAIC Group Code 1212 NAIC Company Code 95566 Employer's ID Number 38-3200310

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
<div>NONE</div>					
9999999 Totals - (Net) -Page 3, Line 1 .....		.....	.....	.....	.....



EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts?  
1.2 If not, state which kind is issued.

Yes[ ] No[X]

2.1 Does the reporting entity at present issue both participating and non-participating contracts?  
2.2 If not, state which kind is issued.

Yes[ ] No[X]

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?  
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

Yes[ ] No[X]

4. Has the reporting entity any assessment or stipulated premium contracts in force?  
If so, state:  
4.1 Amount of insurance?  
4.2 Amount of reserve?  
4.3 Basis of reserve  
4.4 Basis of regular assessments  
4.5 Basis of special assessments  
4.6 Assessments collected during the year

Yes[ ] No[X]  
\$ ..... 0  
\$ ..... 0  
\$ ..... 0

5. If the contract loan interest rate guaranteed in any one or more of its contracts is more than 5%, not in advance, state the contract loan rate guarantees on any such contracts

NONE

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?  
6.1 If so, state the amount of reserve on such contracts on the basis actually held:  
6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1, and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:  
Attach statement of methods employed in their valuation.

Yes[ ] No[X]  
\$ ..... 0  
\$ ..... 0

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?  
7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements?  
7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount  
7.3 State the amount of reserves established for this business:  
7.4 Identify where the reserves are reported in the blank

Yes[ ] No[X]  
\$ ..... 0  
\$ ..... 0

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....	.....	.....	.....	.....	.....	.....
2. Deposits received during the year .....	.....	.....	.....	.....	.....	.....
3. Investment earnings credited to the account .....	.....	.....	.....	.....	.....	.....
4. Other net change in reserves .....	.....	.....	.....	.....	.....	.....
5. Fees and other charges assessed .....	.....	.....	.....	.....	.....	.....
6. Surrender charges .....	.....	.....	.....	.....	.....	.....
7. Net surrender or withdrawal payments .....	.....	.....	.....	.....	.....	.....
8. Other net transfers to or (from) Separate Accounts .....	.....	.....	.....	.....	.....	.....
9. Balance at the end of current year before reinsurance (Lines 1 - 5 - 6 - 7 - 8) .....	.....	.....	.....	.....	.....	.....
10. Reinsurance balance at the beginning of the year .....	.....	.....	.....	.....	.....	.....
11. Net change in reinsurance assumed .....	.....	.....	.....	.....	.....	.....
12. Net change in reinsurance ceded .....	.....	.....	.....	.....	.....	.....
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12) .....	.....	.....	.....	.....	.....	.....
14. Net balance at the end of current year after reinsurance (Lines 9 + 13) .....	.....	.....	.....	.....	.....	.....

NONE

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Amount of In force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0799999 Totals .....						.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability  
Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type of Reinsurance Ceded	7 Amount in Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
N O N E													
1599999 Totals .....													



PROPERTY / CASUALTY SUPPLEMENTS

(To Be Filed On Or Before March 1)

For the Year 

NONE

 2008

Of The Paramount Care of Michigan Insurance Company

Address (City, State and Zip Code) Dundee, MI 48131

NAIC Group Code 1212 NAIC Company Code 95566 Employer's ID Number 38-3200310

SCHEDULE F - PART 1  
Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	Reinsurance On			9	10	11	12	13	14	15
Federal ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	6	7	8	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
					Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Columns 6 + 7							
					NONE									
9999999 Totals .....														

SCHEDULE F - PART 3  
Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1  Federal ID Number	2  NAIC Company Code	3  Name of Reinsurer	4  Domiciliary Jurisdiction	5  Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6  Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7  Paid Losses	8  Paid LAE	9  Known Case Loss Reserves	10  Known Case LAE Reserves	11  IBNR Loss Reserves	12  IBNR LAE Reserves	13  Unearned Premiums	14  Contingent Commissions	15  Columns 7 thru 14 Totals	16  Ceded Balances Payable	17  Other Amounts Due to Reinsurers	Net Amount Recoverable From Rein- surers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
9999999 Totals .....						.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1)	.....	.....	.....
2)	.....	.....	.....
3)	.....	.....	.....
4)	.....	.....	.....
5)	.....	.....	.....

NONE

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1)	.....	.....	.....	Yes[ ] No[X] ...
2)	.....	.....	.....	Yes[ ] No[X] ...
3)	.....	.....	.....	Yes[ ] No[X] ...
4)	.....	.....	.....	Yes[ ] No[X] ...
5)	.....	.....	.....	Yes[ ] No[X] ...

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES  
SCHEDULE P - PART 1 - SUMMARY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4	5	6	7	8	9			
		Direct and Assumed	Ceded	Net (Columns 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received		
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2.	1999 ...	.....	.....	.....									... X X X ...
3.	2000 ...	.....	.....	.....									... X X X ...
4.	2001 ...	.....	.....	.....									... X X X ...
5.	2002 ...	.....	.....	.....									... X X X ...
6.	2003 ...	.....	.....	.....									... X X X ...
7.	2004 ...	.....	.....	.....									... X X X ...
8.	2005 ...	.....	.....	.....									... X X X ...
9.	2006 ...	.....	.....	.....									... X X X ...
10.	2007 ...	.....	.....	.....									... X X X ...
11.	2008 ...	.....	.....	.....									... X X X ...
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR							
	13  Direct and Assumed	14  Ceded	15  Direct and Assumed	16  Ceded	17  Direct and Assumed	18  Ceded	19  Direct and Assumed	20  Ceded	21  Direct and Assumed	22  Ceded				
1. Prior						NONE							.. X X X ..	
2. 1999														.. X X X ..
3. 2000														.. X X X ..
4. 2001														.. X X X ..
5. 2002														.. X X X ..
6. 2003													.. X X X ..	
7. 2004													.. X X X ..	
8. 2005													.. X X X ..	
9. 2006													.. X X X ..	
10. 2007													.. X X X ..	
11. 2008													.. X X X ..	
12. Totals													.. X X X ..	

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26  Direct and Assumed	27  Ceded	28  Net	29  Direct and Assumed	30  Ceded	31  Net	32  Loss	33  Loss Expense		35  Losses Unpaid	36  Loss Expenses Unpaid
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....
2. 1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1A

HOMEOWNERS/FARMOWNERS

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						N O N E							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....	
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....	

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1B

PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...			
2.	1999 ...	.....	.....	.....	.....	.....			.....			
3.	2000 ...	.....	.....	.....	.....	.....			.....			
4.	2001 ...	.....	.....	.....	.....	.....			.....			
5.	2002 ...	.....	.....	.....	.....	.....			.....			
6.	2003 ...	.....	.....	.....	.....	.....			.....			
7.	2004 ...	.....	.....	.....	.....	.....			.....			
8.	2005 ...	.....	.....	.....	.....	.....			.....			
9.	2006 ...	.....	.....	.....	.....	.....			.....			
10.	2007 ...	.....	.....	.....	.....	.....			.....			
11.	2008 ...	.....	.....	.....	.....	.....			.....			
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1C

COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
		13	14	15	16	17	18	19	20					
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	.....	.....	.....	.....	.....	N O N E			.....	.....	.....	.....	.....	
2. 1999	.....	.....	.....	.....	.....				.....	.....	.....	.....	.....	
3. 2000	.....	.....	.....	.....	.....				.....	.....	.....	.....	.....	
4. 2001	.....	.....	.....	.....	.....				.....	.....	.....	.....	.....	
5. 2002	.....	.....	.....	.....	.....				.....	.....	.....	.....	.....	
6. 2003	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
7. 2004	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
8. 2005	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
9. 2006	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
10. 2007	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
11. 2008	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12. Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	X X X ...	.....	.....
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1D

WORKERS' COMPENSATION

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
		13	14	15	16	17	18	19	20	21	22			
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	Prior	.....	.....	.....	.....	N O N E	.....	.....	.....	.....	.....	.....	.....	.....
2.	1999	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
3.	2000	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
4.	2001	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
5.	2002	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
6.	2003	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
7.	2004	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
8.	2005	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
9.	2006	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
10.	2007	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
11.	2008	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12.	Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...			
2.	1999 ...											
3.	2000 ...											
4.	2001 ...											
5.	2002 ...											
6.	2003 ...											
7.	2004 ...											
8.	2005 ...											
9.	2006 ...											
10.	2007 ...											
11.	2008 ...											
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1E

COMMERCIAL MULTIPLE PERIL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	.....	.....	.....	.....	.....	N O N E			.....	.....	.....	.....	
2. 1999	.....	.....	.....	.....	.....				.....	.....	.....	.....	
3. 2000	.....	.....	.....	.....	.....				.....	.....	.....	.....	
4. 2001	.....	.....	.....	.....	.....				.....	.....	.....	.....	
5. 2002	.....	.....	.....	.....	.....				.....	.....	.....	.....	
6. 2003	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
7. 2004	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
8. 2005	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
9. 2006	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
10. 2007	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
11. 2008	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12. Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....	
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....	

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1F - SECTION 1

MEDICAL MALPRACTICE - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...			
2.	1999 ...											
3.	2000 ...											
4.	2001 ...											
5.	2002 ...											
6.	2003 ...											
7.	2004 ...											
8.	2005 ...											
9.	2006 ...											
10.	2007 ...											
11.	2008 ...											
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

SCHEDULE P - PART 1F - SECTION 2  
MEDICAL MALPRACTICE - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	.....	.....	.....	.....	.....	N O N E				.....	.....	.....	
2. 1999	.....	.....	.....	.....	.....					.....	.....	.....	.....
3. 2000	.....	.....	.....	.....	.....					.....	.....	.....	.....
4. 2001	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2002	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2003	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2004	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2005	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2006	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2007	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2008	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....	
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....	

SCHEDULE P - PART 1G  
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	.....	.....	.....	.....	.....	N O N E			.....	.....	.....	.....	
2. 1999	.....	.....	.....	.....	.....				.....	.....			
3. 2000	.....	.....	.....	.....	.....				.....	.....			
4. 2001	.....	.....	.....	.....	.....				.....	.....			
5. 2002	.....	.....	.....	.....	.....				.....	.....			
6. 2003	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
7. 2004	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
8. 2005	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
9. 2006	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
10. 2007	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
11. 2008	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
12. Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....	
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....	



SCHEDULE P - PART 1H - SECTION 1  
OTHER LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	.....	.....	.....	.....	.....	N O N E			.....	.....	.....	.....	.....
2. 1999	.....	.....	.....	.....	.....				.....	.....	.....	.....	.....
3. 2000	.....	.....	.....	.....	.....				.....	.....	.....	.....	.....
4. 2001	.....	.....	.....	.....	.....				.....	.....	.....	.....	.....
5. 2002	.....	.....	.....	.....	.....				.....	.....	.....	.....	.....
6. 2003	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2004	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2005	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2006	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2007	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2008	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....	
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....	

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1H - SECTION 2

OTHER LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...			
2.	1999 ...											
3.	2000 ...											
4.	2001 ...											
5.	2002 ...											
6.	2003 ...											
7.	2004 ...											
8.	2005 ...											
9.	2006 ...											
10.	2007 ...											
11.	2008 ...											
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

SCHEDULE P - PART 11

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
3.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
4.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis								
	13	14	15	16	17	NONE		21	22				
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed			
1. Prior													
2. 2007													
3. 2008													
4. Totals													

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....
2.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2008 ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	Totals ..	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1J

AUTO PHYSICAL DAMAGE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis	NONE		21	22				
	13	14	15	16						17			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded						Direct and Assumed			
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
2. 2007	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3. 2008	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4. Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2.	2007 ...	.....	.....	.....	.....	.....	.....			.....		
3.	2008 ...	.....	.....	.....	.....	.....	.....			.....		
4.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1K

FIDELITY/SURETY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2.	2007 ...	.....	.....	.....									... X X X ...
3.	2008 ...	.....	.....	.....									... X X X ...
4.	Totals ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis	NONE		21	22				
	13	14	15	16						17			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded						Direct and Assumed			
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
2. 2007	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3. 2008	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4. Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2.	2007 ...	.....	.....	.....	.....	.....	.....			.....		
3.	2008 ...	.....	.....	.....	.....	.....	.....			.....		
4.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
3.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
4.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		NONE						
	13	14	15	16	17								
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed								
									21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2007													
3. 2008													
4. Totals													

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....
2.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....

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SCHEDULE P - PART 1M

INTERNATIONAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
		13	14	15	16	17	18	19	20	21	22			
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	Prior	.....	.....	.....	.....	NONE	.....	.....	.....	.....	.....	.....	.....	.....
2.	1999	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
3.	2000	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
4.	2001	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
5.	2002	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
6.	2003	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
7.	2004	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
8.	2005	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
9.	2006	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
10.	2007	.....	.....	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
11.	2008	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12.	Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....	
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....	

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1N - REINSURANCE

NONPROPORTIONAL ASSUMED PROPERTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported - Direct and Assumed
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2.	1999												... X X X ...
3.	2000												... X X X ...
4.	2001												... X X X ...
5.	2002												... X X X ...
6.	2003												... X X X ...
7.	2004												... X X X ...
8.	2005												... X X X ...
9.	2006												... X X X ...
10.	2007												... X X X ...
11.	2008												... X X X ...
12.	Totals	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR							
	13	14	15	16	17	18	19	20	21	22				
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				
1. Prior						NONE						.. X X X ..		
2. 1999														.. X X X ..
3. 2000														.. X X X ..
4. 2001														.. X X X ..
5. 2002														.. X X X ..
6. 2003											.. X X X ..			
7. 2004											.. X X X ..			
8. 2005											.. X X X ..			
9. 2006											.. X X X ..			
10. 2007											.. X X X ..			
11. 2008											.. X X X ..			
12. Totals											.. X X X ..			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 10 - REINSURANCE

NONPROPORTIONAL ASSUMED LIABILITY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2.	1999												... X X X ...
3.	2000												... X X X ...
4.	2001												... X X X ...
5.	2002												... X X X ...
6.	2003												... X X X ...
7.	2004												... X X X ...
8.	2005												... X X X ...
9.	2006												... X X X ...
10.	2007												... X X X ...
11.	2008												... X X X ...
12.	Totals	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE						.. X X X ..	
2. 1999												.. X X X ..	
3. 2000												.. X X X ..	
4. 2001												.. X X X ..	
5. 2002												.. X X X ..	
6. 2003												.. X X X ..	
7. 2004												.. X X X ..	
8. 2005												.. X X X ..	
9. 2006												.. X X X ..	
10. 2007												.. X X X ..	
11. 2008												.. X X X ..	
12. Totals												.. X X X ..	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2.	1999 ...										
3.	2000 ...										
4.	2001 ...										
5.	2002 ...										
6.	2003 ...										
7.	2004 ...										
8.	2005 ...										
9.	2006 ...										
10.	2007 ...										
11.	2008 ...										
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

SCHEDULE P - PART 1P - REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2. 1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
3. 2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
4. 2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
5. 2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
6. 2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
7. 2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
8. 2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
9. 2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
10. 2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
11. 2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
12. Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13  Direct and Assumed	14  Ceded	15  Direct and Assumed	16  Ceded	17  Direct and Assumed	18  Ceded	19  Direct and Assumed	20  Ceded	21  Direct and Assumed	22  Ceded			
1. Prior ...	.....	.....	.....	.....	.....	NONE			.....	.....	.....	.....	... X X X ...
2. 1999 ...	.....	.....	.....	.....	.....				.....	.....	.....	.....	... X X X ...
3. 2000 ...	.....	.....	.....	.....	.....				.....	.....	.....	.....	... X X X ...
4. 2001 ...	.....	.....	.....	.....	.....				.....	.....	.....	.....	... X X X ...
5. 2002 ...	.....	.....	.....	.....	.....				.....	.....	.....	.....	... X X X ...
6. 2003 ...	.....	.....	.....	.....	.....				.....	.....	.....	.....	... X X X ...
7. 2004 ...	.....	.....	.....	.....	.....				.....	.....	.....	.....	... X X X ...
8. 2005 ...	.....	.....	.....	.....	.....				.....	.....	.....	.....	... X X X ...
9. 2006 ...	.....	.....	.....	.....	.....				.....	.....	.....	.....	... X X X ...
10. 2007 ...	.....	.....	.....	.....	.....				.....	.....	.....	.....	... X X X ...
11. 2008 ...	.....	.....	.....	.....	.....				.....	.....	.....	.....	... X X X ...
12. Totals	.....	.....	.....	.....	.....				.....	.....	.....	.....	... X X X ...

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....
2. 1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1R - SECTION 1

PRODUCTS LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26	27	28	29	30	31	32	33		35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1R - SECTION 2

PRODUCTS LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported - Direct and Assumed
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2.	1999												
3.	2000												
4.	2001												
5.	2002												
6.	2003												
7.	2004												
8.	2005												
9.	2006												
10.	2007												
11.	2008												
12.	Totals	... X X X ...	... X X X ...	... X X X ...									... X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
		13	14	15	16	17	18	19	20					
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	Prior													
2.	1999													
3.	2000													
4.	2001													
5.	2002													
6.	2003													
7.	2004													
8.	2005													
9.	2006													
10.	2007													
11.	2008													
12.	Totals													

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
											35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	... X X X ...	.....	.....
2.	1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2000 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2001 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	2002 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2003 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7.	2004 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8.	2005 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9.	2006 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10.	2007 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	2008 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1S

FINANCIAL GUARANTY/MORTGAGE GUARANTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported - Direct and Assumed
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2.	2007 ...												... X X X ...
3.	2008 ...												... X X X ...
4.	Totals ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed										
		Case Basis		Bulk + IBNR		Case Basis	17  Direct and Assumed	18  Ceded	19  Ceded	20  Ceded	21  Direct and Assumed				22  Ceded									
		13  Direct and Assumed	14  Ceded	15  Direct and Assumed	16  Ceded																			
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....										
2. 2007	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....										
3. 2008	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....										
4. Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....										

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....
2.	2007 ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2008 ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	Totals .	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 1T

WARRANTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1  Direct and Assumed	2  Ceded	3  Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2.	2007 ...	.....	.....	.....									.....
3.	2008 ...	.....	.....	.....									.....
4.	Totals	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis	NONE		21	22				
	13	14	15	16						17			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded						Direct and Assumed			
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
2. 2007	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
3. 2008	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
4. Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2.	2007 ...	.....	.....	.....	.....	.....	.....			.....		
3.	2008 ...	.....	.....	.....	.....	.....	.....			.....		
4.	Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Paramount Care of Michigan

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	One Year	Two Year
1. Prior ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 1999 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2000 ...	... X X X ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2001 ...	... X X X ..	... X X X ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2002 ...	... X X X ..	... X X X ..	... X X X ..	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2003 ...	... X X X ..	... X X X ..	... X X X ..	... X X X ..	NONE			.....	.....	.....	.....	.....
7. 2004 ...	... X X X ..	... X X X ..	... X X X ..	... X X X ..				.....	.....	.....	.....	.....
8. 2005 ...	... X X X ..	... X X X ..	... X X X ..	... X X X ..				.....	.....	.....	.....	.....
9. 2006 ...	... X X X ..	... X X X ..	... X X X ..	... X X X ..				.....	.....	.....	.....	.....
10. 2007 ...	... X X X ..	... X X X ..	... X X X ..	... X X X ..				... X X X ..	.....	.....	.....	... X X X ..
11. 2008 ...	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	.....	... X X X ..	... X X X ..
12. TOTALS .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE P - PART 2A  
HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1.	Prior .....												
2.	1999 .....												
3.	2000 .....	X X X											
4.	2001 .....	X X X	X X X										
5.	2002 .....	X X X	X X X	X X X									
6.	2003 .....	X X X	X X X	X X X	X X X								
7.	2004 .....	X X X	X X X	X X X	X X X								
8.	2005 .....	X X X	X X X	X X X	X X X								
9.	2006 .....	X X X	X X X	X X X	X X X								
10.	2007 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2008 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS .....												

SCHEDULE P - PART 2B  
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1.	Prior .....												
2.	1999 .....												
3.	2000 .....	X X X											
4.	2001 .....	X X X	X X X										
5.	2002 .....	X X X	X X X	X X X									
6.	2003 .....	X X X	X X X	X X X	X X X								
7.	2004 .....	X X X	X X X	X X X	X X X								
8.	2005 .....	X X X	X X X	X X X	X X X								
9.	2006 .....	X X X	X X X	X X X	X X X								
10.	2007 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2008 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS .....												

SCHEDULE P - PART 2C  
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1.	Prior .....												
2.	1999 .....												
3.	2000 .....	X X X											
4.	2001 .....	X X X	X X X										
5.	2002 .....	X X X	X X X	X X X									
6.	2003 .....	X X X	X X X	X X X	X X X								
7.	2004 .....	X X X	X X X	X X X	X X X								
8.	2005 .....	X X X	X X X	X X X	X X X								
9.	2006 .....	X X X	X X X	X X X	X X X								
10.	2007 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2008 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS .....												

SCHEDULE P - PART 2D  
WORKERS' COMPENSATION

1.	Prior .....												
2.	1999 .....												
3.	2000 .....	X X X											
4.	2001 .....	X X X	X X X										
5.	2002 .....	X X X	X X X	X X X									
6.	2003 .....	X X X	X X X	X X X	X X X								
7.	2004 .....	X X X	X X X	X X X	X X X								
8.	2005 .....	X X X	X X X	X X X	X X X								
9.	2006 .....	X X X	X X X	X X X	X X X								
10.	2007 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2008 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS .....												

SCHEDULE P - PART 2E  
COMMERCIAL MULTIPLE PERIL

1.	Prior .....												
2.	1999 .....												
3.	2000 .....	X X X											
4.	2001 .....	X X X	X X X										
5.	2002 .....	X X X	X X X	X X X									
6.	2003 .....	X X X	X X X	X X X	X X X								
7.	2004 .....	X X X	X X X	X X X	X X X								
8.	2005 .....	X X X	X X X	X X X	X X X								
9.	2006 .....	X X X	X X X	X X X	X X X								
10.	2007 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2008 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS .....												



SCHEDULE P - PART 2F - SECTION 1  
MEDICAL MALPRACTICE - OCCURRENCE

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1.	Prior .....												
2.	1999 .....												
3.	2000 .....	XXX											
4.	2001 .....	XXX	XXX										
5.	2002 .....	XXX	XXX	XXX									
6.	2003 .....	XXX	XXX	XXX	XXX								
7.	2004 .....	XXX	XXX	XXX	XXX								
8.	2005 .....	XXX	XXX	XXX	XXX								
9.	2006 .....	XXX	XXX	XXX	XXX								
10.	2007 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS .....												

SCHEDULE P - PART 2F - SECTION 2  
MEDICAL MALPRACTICE - CLAIMS MADE

1.	Prior .....												
2.	1999 .....												
3.	2000 .....	XXX											
4.	2001 .....	XXX	XXX										
5.	2002 .....	XXX	XXX	XXX									
6.	2003 .....	XXX	XXX	XXX	XXX								
7.	2004 .....	XXX	XXX	XXX	XXX								
8.	2005 .....	XXX	XXX	XXX	XXX								
9.	2006 .....	XXX	XXX	XXX	XXX								
10.	2007 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS .....												

SCHEDULE P - PART 2G  
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1.	Prior .....												
2.	1999 .....												
3.	2000 .....	XXX											
4.	2001 .....	XXX	XXX										
5.	2002 .....	XXX	XXX	XXX									
6.	2003 .....	XXX	XXX	XXX	XXX								
7.	2004 .....	XXX	XXX	XXX	XXX								
8.	2005 .....	XXX	XXX	XXX	XXX								
9.	2006 .....	XXX	XXX	XXX	XXX								
10.	2007 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS .....												

SCHEDULE P - PART 2H - SECTION 1  
OTHER LIABILITY - OCCURRENCE

1.	Prior .....												
2.	1999 .....												
3.	2000 .....	XXX											
4.	2001 .....	XXX	XXX										
5.	2002 .....	XXX	XXX	XXX									
6.	2003 .....	XXX	XXX	XXX	XXX								
7.	2004 .....	XXX	XXX	XXX	XXX								
8.	2005 .....	XXX	XXX	XXX	XXX								
9.	2006 .....	XXX	XXX	XXX	XXX								
10.	2007 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS .....												

SCHEDULE P - PART 2H - SECTION 2  
OTHER LIABILITY - CLAIMS-MADE

1.	Prior .....												
2.	1999 .....												
3.	2000 .....	XXX											
4.	2001 .....	XXX	XXX										
5.	2002 .....	XXX	XXX	XXX									
6.	2003 .....	XXX	XXX	XXX	XXX								
7.	2004 .....	XXX	XXX	XXX	XXX								
8.	2005 .....	XXX	XXX	XXX	XXX								
9.	2006 .....	XXX	XXX	XXX	XXX								
10.	2007 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS .....												

SCHEDULE P - PART 2I

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior .....	... X X X ..	... X X X ..	... X X X ..	... X X X ..	N O N E			... X X X ..	.....	.....	.....	.....
2. 2007 .....	... X X X ..	... X X X ..	... X X X ..	... X X X ..				... X X X ..	.....	.....	.....	... X X X ..
3. 2008 .....	... X X X ..	... X X X ..	... X X X ..	... X X X ..				... X X X ..	... X X X ..	.....	... X X X ..	... X X X ..
4. TOTALS .....											.....	.....

SCHEDULE P - PART 2J

AUTO PHYSICAL DAMAGE

1. Prior .....	XXX ..	XXX ..	XXX ..	XXX ..	N O N E	XXX ..				
2. 2007 .....	XXX ..	XXX ..	XXX ..	XXX ..		XXX ..				XXX ..
3. 2008 .....	XXX ..	XXX ..	XXX ..	XXX ..		XXX ..			XXX ..	XXX ..
4. TOTALS .....										

SCHEDULE P - PART 2K

FIDELITY/SURETY

1.	Prior	XXX	XXX	XXX	XXX	N O N E	XXX				
2.	2007	XXX	XXX	XXX	XXX		XXX				XXX
3.	2008	XXX	XXX	XXX	XXX		XXX	XXX		XXX	XXX
4.	TOTALS										

SCHEDULE P - PART 2L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1.	Prior	XXX	XXX	XXX	XXX	N O N E	XXX				XXX
2.	2007	XXX	XXX	XXX	XXX		XXX				XXX
3.	2008	XXX	XXX	XXX	XXX		XXX	XXX		XXX	XXX
4.	TOTALS										

SCHEDULE P - PART 2M

INTERNATIONAL

1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 1999 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2000 .....	... X X X ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2001 .....	... X X X ..	... X X X ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2002 .....	... X X X ..	... X X X ..	... X X X ..	.....	N O N E			.....	.....	.....	.....	.....
6. 2003 .....	... X X X ..	... X X X ..	... X X X ..	... X X X ..				.....	.....	.....	.....	.....
7. 2004 .....	... X X X ..	... X X X ..	... X X X ..	... X X X ..				.....	.....	.....	.....	.....
8. 2005 .....	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	.....	.....	.....	.....	.....
9. 2006 .....	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	.....	.....	.....	.....	.....
10. 2007 .....	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	.....	.....	.....	... X X X ..
11. 2008 .....	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	... X X X ..	.....	... X X X ..	... X X X ..
12. TOTALS .....											.....	.....

SCHEDULE P - PART 2N - REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1	2	3	4	5	6	7	8	9	10	11	12
		1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	One Year	Two Year
1.	Prior .....												
2.	1999 .....												
3.	2000 .....	X X X ..											
4.	2001 .....	X X X ..	X X X ..										
5.	2002 .....	X X X ..	X X X ..	X X X ..									
6.	2003 .....	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2004 .....	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005 .....	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2007 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS .....												

SCHEDULE P - PART 2O - REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY

1.	Prior .....												
2.	1999 .....												
3.	2000 .....	X X X ..											
4.	2001 .....	X X X ..	X X X ..										
5.	2002 .....	X X X ..	X X X ..	X X X ..									
6.	2003 .....	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2004 .....	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005 .....	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2007 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS .....												

SCHEDULE P - PART 2P - REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES

1.	Prior .....												
2.	1999 .....												
3.	2000 .....	X X X ..											
4.	2001 .....	X X X ..	X X X ..										
5.	2002 .....	X X X ..	X X X ..	X X X ..									
6.	2003 .....	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2004 .....	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005 .....	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2007 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS .....												

SCHEDULE P - PART 2R - SECTION 1  
PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1	2	3	4	5	6	7	8	9	10	11	12
		1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	One Year	Two Year
1.	Prior .....												
2.	1999 .....												
3.	2000 .....	X X X ..											
4.	2001 .....	X X X ..	X X X ..										
5.	2002 .....	X X X ..	X X X ..	X X X ..									
6.	2003 .....	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2004 .....	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005 .....	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2007 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS .....												

SCHEDULE P - PART 2R - SECTION 2  
PRODUCTS LIABILITY - CLAIMS-MADE

1.	Prior .....												
2.	1999 .....												
3.	2000 .....	X X X ..											
4.	2001 .....	X X X ..	X X X ..										
5.	2002 .....	X X X ..	X X X ..	X X X ..									
6.	2003 .....	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2004 .....	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005 .....	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2007 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008 .....	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS .....												

SCHEDULE P - PART 2S  
FINANCIAL GUARANTY/MORTGAGE GUARANTY

1.	Prior .....	X X X ..	X X X ..	X X X ..	X X X ..		N O N E			X X X ..				X X X ..
2.	2007 .....	X X X ..	X X X ..	X X X ..	X X X ..					X X X ..				X X X ..
3.	2008 .....	X X X ..	X X X ..	X X X ..	X X X ..					X X X ..	X X X ..			X X X ..
4.	TOTALS .....													

SCHEDULE P - PART 2T  
WARRANTY

1.	Prior .....	X X X ..	X X X ..	X X X ..	X X X ..		N O N E			X X X ..				X X X ..
2.	2007 .....	X X X ..	X X X ..	X X X ..	X X X ..					X X X ..				X X X ..
3.	2008 .....	X X X ..	X X X ..	X X X ..	X X X ..					X X X ..	X X X ..			X X X ..
4.	TOTALS .....													

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 1212

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Company Code: 95566

Supp65 Michigan

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire .....												
2.1	Allied lines .....												
2.2	Multiple peril crop .....												
2.3	Federal flood .....												
3.	Farmowners multiple peril .....												
4.	Homeowners multiple peril .....												
5.1	Commercial multiple peril (non - liability portion) .....												
5.2	Commercial multiple peril (liability portion) .....												
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....												
10.	Financial guaranty .....												
11.	Medical malpractice .....												
12.	Earthquake .....												
13.	Group accident and health (b) .....												
14.	Credit A & H (group and individual) .....												
15.1	Collectively renewable A & H (b) .....												
15.2	Non-cancelable A & H (b) .....												
15.3	Guaranteed renewable A & H (b) .....												
15.4	Non-renewable for stated reasons only (b) .....												
15.5	Other accident only .....												
15.6	Medicare Title XVIII exempt from state taxes or fees .....												
15.7	All other A & H (b) .....												
15.8	Federal employees health benefits program premium (b) .....												
16.	Workers' compensation .....												
17.1	Other liability .....												
17.3	Excess Workers' Compensation .....												
18.	Products liability .....												
19.1	Private passenger auto no-fault (personal injury protection) .....												
19.2	Other private passenger auto liability .....												
19.3	Commercial auto no-fault (personal injury protection) .....												
19.4	Other commercial auto liability .....												
21.1	Private passenger auto physical damage .....												
21.2	Commercial auto physical damage .....												
22.	Aircraft (all perils) .....												
23.	Fidelity .....												
24.	Surety .....												
26.	Burglary and theft .....												
27.	Boiler and machinery .....												
28.	Credit .....												
30.	Warranty .....												
34.	Aggregate write-ins for other lines of business .....												
35.	TOTALS (a) .....												
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page ...												
3499.	TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above) ...												

(a) Finance and service charges not included in Lines 1 to 35 \$.....0  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 1212

DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code: 95566

Supp65 Grand Total

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire .....												
2.1	Allied lines .....												
2.2	Multiple peril crop .....												
2.3	Federal flood .....												
3.	Farmowners multiple peril .....												
4.	Homeowners multiple peril .....												
5.1	Commercial multiple peril (non - liability portion) .....												
5.2	Commercial multiple peril (liability portion) .....												
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....												
10.	Financial guaranty .....												
11.	Medical malpractice .....												
12.	Earthquake .....												
13.	Group accident and health (b) .....												
14.	Credit A & H (group and individual) .....												
15.1	Collectively renewable A & H (b) .....												
15.2	Non-cancelable A & H (b) .....												
15.3	Guaranteed renewable A & H (b) .....												
15.4	Non-renewable for stated reasons only (b) .....												
15.5	Other accident only .....												
15.6	Medicare Title XVIII exempt from state taxes or fees .....												
15.7	All other A & H (b) .....												
15.8	Federal employees health benefits program premium (b) .....												
16.	Workers' compensation .....												
17.1	Other liability .....												
17.3	Excess Workers' Compensation .....												
18.	Products liability .....												
19.1	Private passenger auto no-fault (personal injury protection) .....												
19.2	Other private passenger auto liability .....												
19.3	Commercial auto no-fault (personal injury protection) .....												
19.4	Other commercial auto liability .....												
21.1	Private passenger auto physical damage .....												
21.2	Commercial auto physical damage .....												
22.	Aircraft (all perils) .....												
23.	Fidelity .....												
24.	Surety .....												
26.	Burglary and theft .....												
27.	Boiler and machinery .....												
28.	Credit .....												
30.	Warranty .....												
34.	Aggregate write-ins for other lines of business .....												
35.	TOTALS (a) .....												
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page ...												
3499.	TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above) ...												

(a) Finance and service charges not included in Lines 1 to 35 \$.....0  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

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